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PTO/SB/82 (01-06)

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Application Number	10/625359
Filing Date	07/23/2003
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	

**I hereby revoke all previous powers of attorney given in the above-identified application.**

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Juan F. Rodriguez; IEP Pharmaceutical Devices LLC; manager		
Date	03/27/2006	Telephone	609 495 0599

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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